

2001 UNIFORM BUSINESS REPORT (UBR)

4/31

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-03-2001 90049 009 ***150.00

DOCUMENT # L44491
 1. Entity Name
AIRPORT INFORMATION, INC.

Principal Place of Business 5757 N.W. 11TH STREET SUITE #160 MIAMI FL 33126	Mailing Address 5757 N.W. 11TH STREET SUITE #160 MIAMI FL 33126
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10671 N. KENDALL DR MIAMI, FL	3. Mailing Address P.O. BOX 143570 CORAL GABLES FLA.
--------------------------------------------------------------------	---------------------------------------------------------------

Zip 33176	Country	Zip 33176	Country
--------------	---------	--------------	---------

4. FEI Number 65-0382744	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent
ROCHETARU, RALPH ESQ
 5757 NW 11 ST.
 SUITE 160
 MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name: **MICHAEL GETELMAN ESQ**
 Street Address (P.O. Box Number is Not Acceptable):
10671 NORTH KENDALL DRIVE
ATTORNEY
 City: **MIAMI, FL** Zip Code: **33176**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: **MICHAEL GETELMAN ESQ** (NOTE: Registered Agent signature required when reinstalling)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCHETEAU, RALPH 5757 NW 11 ST., #160 MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIRECTOR RICHAUD W. CLARK 10671 N. KENDALL DR MIAMI FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHAUD W. CLARK** Date: **3/29/01** (305) 632-9806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT
 DIRECTOR**

CR2E034 (10/00)